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22908 7590 11/09/2004

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Jasmin Santoyo
Jasmin Santoyo
02-08-2005
(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,777	09/21/2001	Suzanne V. Smith	11184.00002	8748

TITLE OF INVENTION: CRYPTATE COMPOUNDS AND METHODS FOR DIAGNOSIS AND THERAPY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$0	\$1370 1400	02/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HARTLEY, MICHAEL G	1616	424-001650			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Australian Nuclear Science & Technology Organisation
and The Australian National University

AUSTRALIA

AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Robert H. Resis 43.805

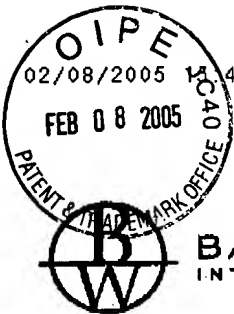
Date 02-08-2005

Typed or printed name Robert H. Resis

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CHICAGO, ILLINOIS 60606TEL: 312.463.5000
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www.bannerwitcoff.com**FACSIMILE TRANSMITTAL SHEET**

TO:	FROM:
ISSUE FEE	Robert H. Resis
COMPANY:	DATE:
USPTO	02/08/2005
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
(703) 746-4000	4
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
09/869,777	11184.00002

RE: In re: Appln. Of Suzanne V. Smith et al.
Appln. No. 09/869,777
Filed: September 21, 2001
For: Cryptate Compounds and Methods for Diagnosis and Therapy

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Jasmin Santoyo	312-463-5560

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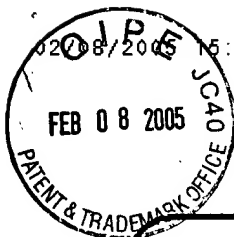
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PAGE 1/4 * RCVD AT 2/8/2005 4:46:02 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-2/3 * DNIS:7464000 * CSID:13124635001 * DURATION (mm-ss):02-58



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002/004

P 01/08/21 (08-04)

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DMS 0851-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

09/869,777

Filing Date

September 21, 2001

First Named Inventor

Suzanne V. Smith

Art Unit

1616

Examiner Name

Hartley, Michael G.

Attorney Docket Number

11184.00002

ENCLOSURES (check all that apply)☐ Fee Transmittal Form☐ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)
(please identify below):

PTOL-85; Fax Cover Sheet

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The Commissioner is authorized to debit or credit any overpayment or deficiency
from our Deposit Account No. 19-0733.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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Printed Name

Robert H. Resis

Date

02/08/2005

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32,168

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Jasmin Santoyo

Date

02/08/2005

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